PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10718302

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
			(Column 1) (Colu			mn 2)	TYPE			OR	SMALL ENTITY		
TOTAL CLAIMS				+			- [RATE	FEE]	RATE	FEE	
FOR			NUMBER FILED .		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			/ minus 20= *			0		X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 = *)					X43=	·	OR	X86=	218	
ML	JLTIPLE DEPEN	NDENT CLAIM PI	RESENT -					+145=		OR	+290=	70.5	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2			olumn 2		TOTAL		OR	TOTAL	1028	
CLAIMS AS AMENDED - PART II											OTHER	THAN	
(Column 1) (Column 2)						(Column 3)	_	SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUS PAID FOR	R " SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDW	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PHESE	ENTATION OF MU	JUIPLE DEF	'ENDENT CL	LAIM			+145=		OR	+290=		
								TOTAL		יתל	TOTAL		
								ADDIT. FEE		OR ,	ADDIT. FEE		
		(Column 1) CLAIMS	 	(Column HIGHEST		(Column 3)	ı		1221	1 1			
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBEF PREVIOUS PAID FOR	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						▎┟						
							L	+145=		OR	+290=		
								TOTAL DDIT. FEE	•	OR	TOTAL ADDIT. FEE		
	444	(Column 1)		(Column :	2)	(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUS PAID FOR	T R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		= 1		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-			Un			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							Ĺ	+145=		OR	+290=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
		nber Previously Paid					r foun	id in the app	ropriate box	in coli	umn 1.		